



## City of Greensboro: Development Services

### Commercial Building Permit Application

300 W Washington St

Greensboro, NC 27401

(336) 373-2155 Fax (336) 333-6056 April (336) 373-2400

***For review status:***

[www.greensboro-nc.gov/planreview](http://www.greensboro-nc.gov/planreview)

Date: \_\_\_\_\_

Total Construction Cost: \_\_\_\_\_

Electrical Const. Cost: \_\_\_\_\_

Plumbing Const. Cost: \_\_\_\_\_

Mechanical Const. Cost: \_\_\_\_\_

**Net = General Const. Cost:** \_\_\_\_\_

**Applicant Name:**

Check one:

☐ Architect/Engineer/Designer

☐ Contractor

☐ Owner/Tenant

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Contact Person : \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*The Contact Person will receive all the correspondence, notices and questions from Plan Review*

Add'l Contacts : \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(optional)

Email: \_\_\_\_\_

Description of Work: \_\_\_\_\_

For New Buildings:

New: ☐

Shell Only: ☐

Initial Upfit: ☐

For Existing Buildings:

Addition ☐

Alteration or Tenant Upfit ☐

Work Area: \_\_\_\_\_ SF

Describe the use of the building/nature of the business: \_\_\_\_\_

Previous occupancy/use: \_\_\_\_\_

The permit will be issued to (check only one):

☐ General Contractor

☐ Owner

I hereby certify that all information in this application is correct. The Inspection Division will be notified of any changes in the approved plans and specifications for the project permitted herein.

Applicant Signature \_\_\_\_\_